TITLE: FEASIBILITY, SAFETY AND EFFICACY OF KANGAROO MOTHER CARE IN A NEW BORN UNIT; RURAL SETTING, NALGONDA, INDIA.

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Text:

Background:

Neonatal Mortality rate of India is 28/1000 live births. To reduce NMR, Telangana state is strengthening FBNC through setting up of newborn units at rural areas. We have utilized adjacent corridor of new born unit as KMC ward, practicing KMC with the support of existing staff of new born unit on normal cots with indigenously made back rest. This study is a largest analysis of KMC to VLBW babies in any rural setting in India.

Materials & methods:

This is a 3 years observational study i.e. from JUNE 2013 – MAY 2016 of 600 babies admitted in 14 bedded KMC ward.
The study draws itself from the primary data analysis from the data obtained from the 3 years of KMC records of the unit. Data analysis done by descriptive statistics using software. We give day care KMC for 6 hours.

Results:

Duration of NICU stay before KMC	**9.8**
Mean duration of KMC	14.3
Mean weight at starting KMC	1.44 kg
Mean weight at discharge	1.7 kg
Wight. Gain / kg / day	16 mg
Mortality	01
Sepsis	Nil

Cost Effectiveness

Average expenditure incurred on each baby in SCNU per day is Rs 3000/ -
Average expenditure incurred on each baby in KMC ward per day is Rs 730/-
By doing KMC we could create facility for 30 sick newborns in a month (prior to KMC admission rate was 100 per month and after initiation of KMC admission rate improved to 130 per month).
Approximate monetary benefit is 7,00,000/- per month

Conclusion:

KMC should be implemented as a policy at all delivery points to improve survival and reduce morbidities of all preterm and VLBW babies'.

NMR of unit is 8/1000 live births.